

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

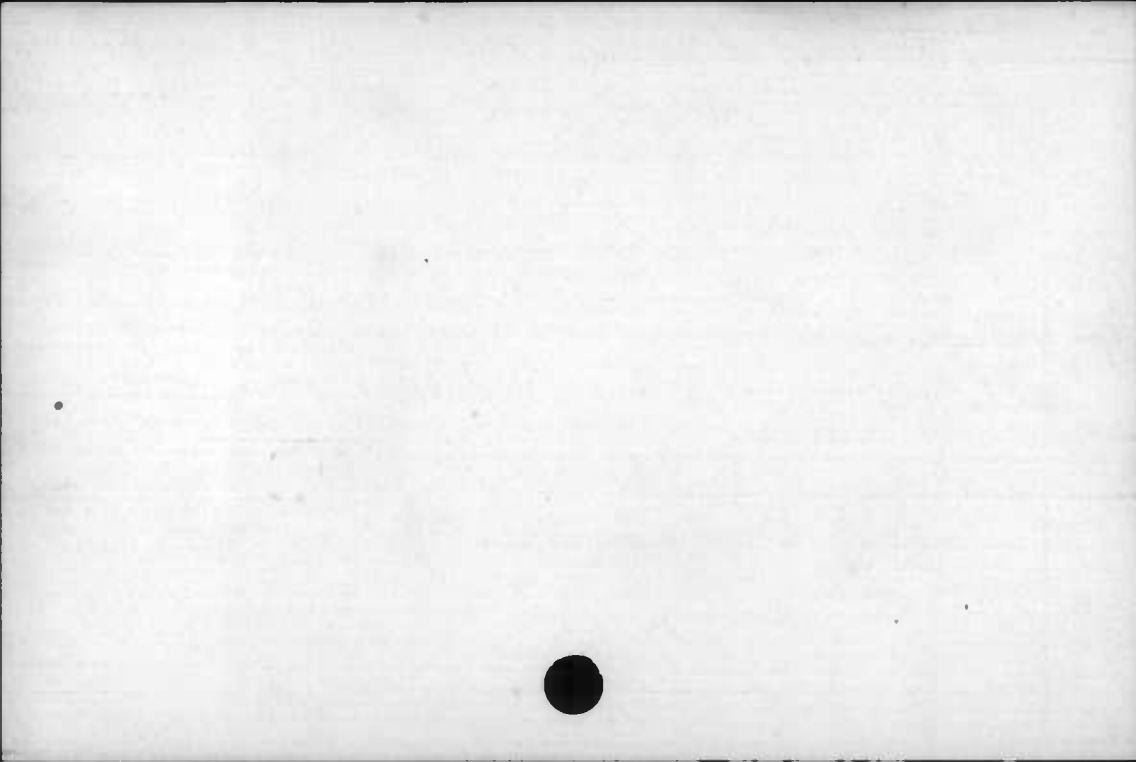
Died at <u>Baltimore</u> ^{TOWN}		County <u>Harriet</u>		MARYLAND	
Date of death	1909	Month	Nov	Day	20
Age	Years		Months		6
Sex	Female		Color or Race	white	
Occupation			Birth-place	Md	
Married, Single or Widowed			Name of Wife or Husband		
5			T		
Father's Name			Father's Birthplace		
W. Dawson			West Va		
Mother's Maiden Name			Mother's Birthplace		
Prudence Rodheaver			Md		
Name of person giving information			How related to deceased		
Mr. Coedwood			Daughter		

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	Acute nephritis	How long	6 weeks
Immediate	Chorea	How long	Short time
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. E. Haggan	
		Address	
		Oakland	
		Md.	
Accident or Suicide?			



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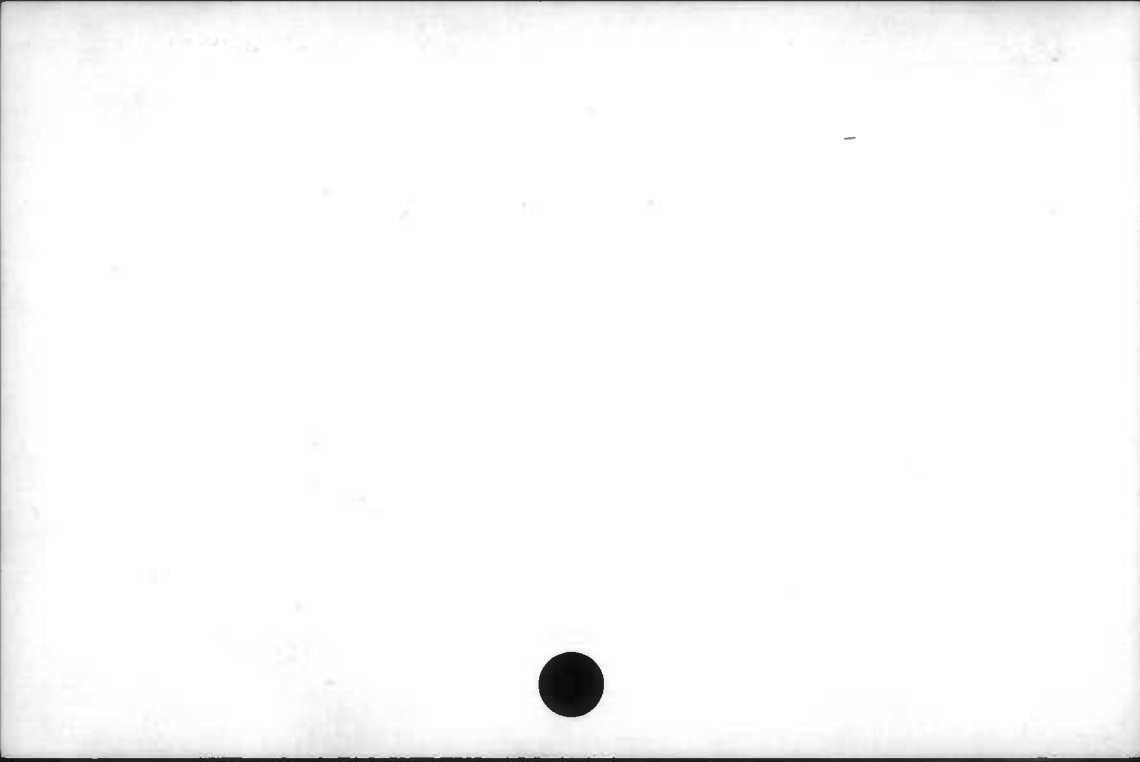
TO BE ANSWERED BY
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Died at <i>Mr Lake Park</i>		County <i>Garrett</i>		MARYLAND	
Date of death 190 <i>9</i> ^{Month} <i>Nov</i> ^{Day} <i>9</i>		Age <i>16</i> ^{Years}		Months <i>16</i> ^{Days}	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Don't know</i>			
Occupation <i>Labourer</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>✓</i>				
Father's Name <i>Smythman</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Schell</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving Information <i>✓</i>			How related to deceased <i>✓</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric fever</i>	How long <i>6 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. C. Legger</i>
	Address <i>Don't know</i>
Accident or Suicida	



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CERTIFICATE OF DEATH

Benjamin Franklin Friend

Town

County

MARYLAND

Died at Mtn Lake Park Garrett

Date of death 1909 November 18 Age 64 Months 5 Days 26.

Sex Male Color or Race white Birth-place Garrett Co Md

Occupation Carpenter Where Raiding if not at place of death Mtn Lake Park

Married, Single or Widowed married Name of Wife or Husband Ethel Friend

Father's Name Josiah Friend Father's Birthplace Penna

Mother's Maiden Name Lavina Kemp. Mother's Birthplace Penna

Name of parson giving Information Mrs Ethel Friend How related to deceased Wife

CAUSES OF DEATH

Primary ☒ How long 64 ✓

Immediate Cerebral Haemorrhage How long Sudden

Are the name, age, sex, color, date and place correctly given above ? Signature of Physician M. C. Huebner

Address Danland Md

Accident or Suicide

TO BE ANSWERED BY
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PHYSICIAN
OR CORONER



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Lucelia E Lee

CERTIFICATE OF DEATH

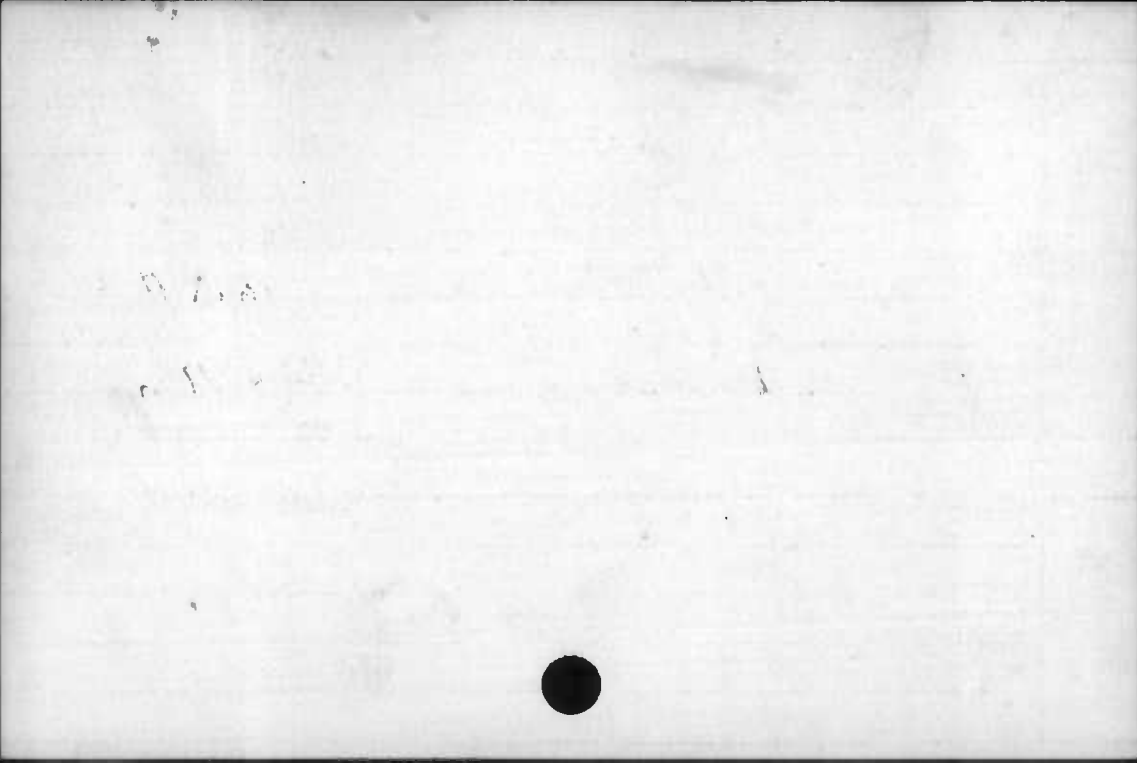
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Died at <u>Stitzmiller</u> <small>Town</small>		<u>Barnett</u> <small>County</small>		MARYLAND	
Date of death	190 <u>9</u> <small>Month</small>	<u>18</u> <small>Day</small>	Age <u>7</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>11</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Luxanton Md</u>		
Occupation _____			Where Residing if not at place of death <u>Kilzmillers</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____			
Father's Name <u>Amos Lee</u>			Father's Birthplace <u>Oakland Md</u>		
Mother's Maiden Name <u>Julia E. Lee</u>			Mother's Birthplace <u>Hot Jim</u>		
Name of person giving information <u>Amos. Lee</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	<u>93</u> How long <u>1 week</u>
Immediate	<u>heart failure</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H P Hopelind</u>
		Address <u>Blair W. Va.</u>
Accident or Suicide? _____		



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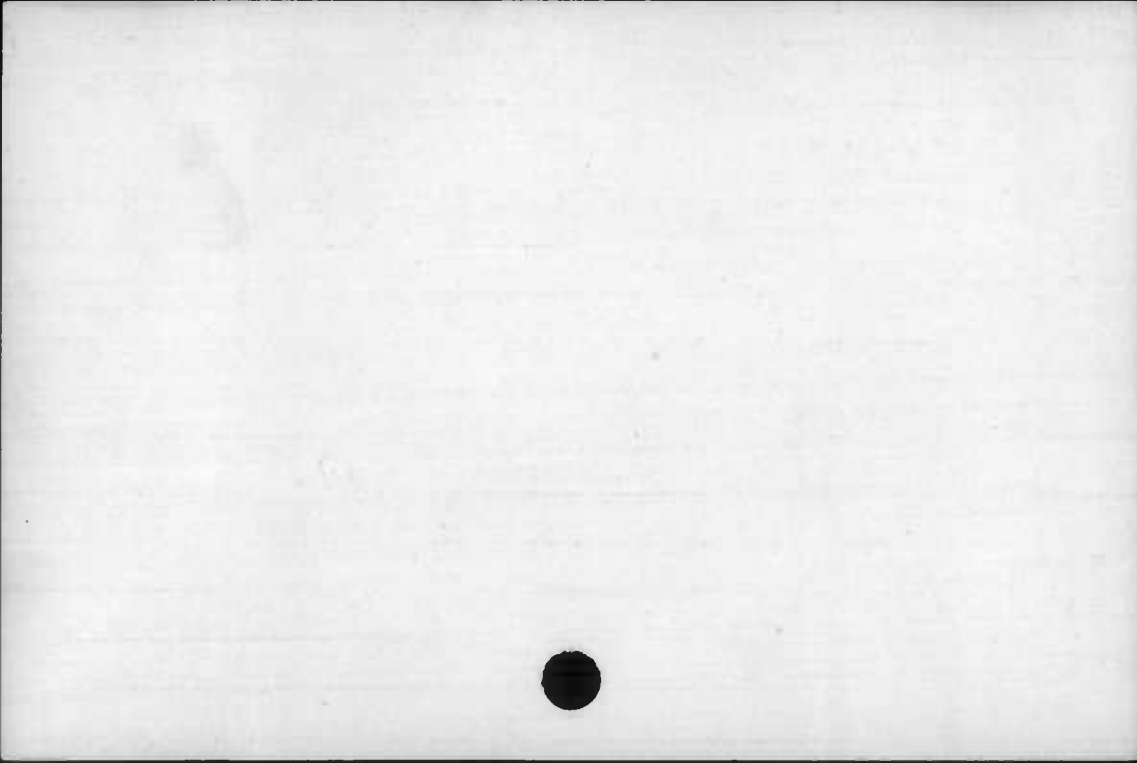
Died at <i>Mt. Lake Park</i>		County <i>Garrett</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Mar</i>	Day <i>28</i>	Age <i>2 hours</i>	Months	Days
Sex	Color or Race <i>White</i>		Birth-place <i>Mt Lake Park</i>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Luther Riley</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Rosie Barnard</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Luther Riley</i>	How related to deceased				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. S. Humill</i>
	Address <i>Registration officer for Garrett County.</i>
Accident or Suicide?	



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NEAREST FRIEND

Sarah J. Savage
 Died at *White Rock* ^{Town} *Garrett* ^{County} **MARYLAND**
 Date of death *1909 Nov 30* Age *29* Months *3* Days *27*
 Sex *Female* Color or Race *White* Birth-place *Maryland*
 Occupation *House wife* Where Residing if not at place of death _____
 Married, Single or Widowed *married* Name of Wife or Husband *Samuel J. Savage*
 Father's Name *Frank Uphold* Father's Birthplace *md.*
 Mother's Melden Name *Mollie Kellie* Mother's Birthplace *md.*
 Name of person giving Information *Samuel J. Savage* How related to deceased *Husband*

CAUSES OF DEATH

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Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

John Lincoln Cemetery

Name
in
Full

Sarah Lucinda White

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at near mountain Lake Garrett

Date

Month

Day

Years

Months

Days

of death

1909 November 10 Wednesday Age 39

Sex

female

Color or
Race

White

Birth-
place

ryans glade

Occupation

Housekeeper

Where Reaiding if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFether's
Name

William Boyd White

Father's
Birthplace

ryans glade

Mother's
Maiden Name

annamela Lee

Mother's
Birthplace

ryans glade

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Dropsy

How long

Three years

Immediete

Heart Disease

How long

one month

Are the name, age, sex, color, date
and plect correctly given above?

Yes

Signature of
Physician

Address

W. G. Drinkwater,
Gorman, W. Va.

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

10/10/10

